

Alcoholics Anonymous Group Information Change Form

To be forwarded to Area 14 Registrar to make updates to General Service Office records
Please provide as much information as possible

Area	14	Group Service Number		Date	
District		Group Start Date		Number of Members	

Old Group Information

New Group Information

Name: _____	Name: _____
Location: _____	Location: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____

Meeting Day and Time

Meeting Day	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Meeting Time							
Type of Meeting							

LANGUAGE: (check one) ENGLISH SPANISH FRENCH OTHER

Old General Service Rep (GSR)

New General Service Rep (GSR)

Name: _____	Name: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

OK to list in A.A. Regional Directory? Yes No
 Receive Area 14 Minutes by: Email USPS

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the GSR, Alternate GSR or Group Mail Contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The GSR's (or other contact) name and telephone number will be included in the Directory with the group's name and group service number.

Old Alt. GSR or Old Mail Contact

New Alt. GSR or New Mail Contact

Name: _____	Name: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

OK to list in A.A. Regional Directory? Yes No
 Receive Area 14 Minutes by: Email USPS

Signature: _____ Date: _____

Return this form to: Area 14 Registrar, PO Box 15504 Brooksville, FL 34604

or registrar@aanorthflorida.org